

**COMMUNIQUÉ No. 1: MAY 2007**

**Plan for Action: A Great Start!**

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April 26<sup>th</sup> and 27<sup>th</sup>, 2007 marked an important step in the creation of the National Lung Health Framework. We have only just begun this process, yet the advances that we have made are striking, and it would never have been possible without the dedication and volunteer time invested by a range of stakeholders across Canada. Over 75 individual stakeholders participated as volunteers through the year, and over 170 participated in the “Plan for Action” meeting.

You will be receiving the full report in mid-June as promised. In the meantime, here are a few quick meeting highlights and notes on activities that are taking place right now.

**Meeting Highlights**

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**Objectives and Accomplishments**

Over the two days, participants discussed key strategic priorities, outcomes, objectives and actions to improve respiratory health for all Canadians. You heard the results of deliberations by the four Phase I Working Groups (Chronic Disease, Infectious Disease, Environment, and Tobacco Control). Participants were introduced to the first stage of the Asset Map and Gap Analysis, a snapshot of services, research, guidelines and frameworks in respiratory health across the country. You heard about upcoming risk/cost benefit research models to be developed. Finally, over 135 signatures were collected on a “Call to Action”, which will be promoted to politicians and other stakeholders throughout the summer months.

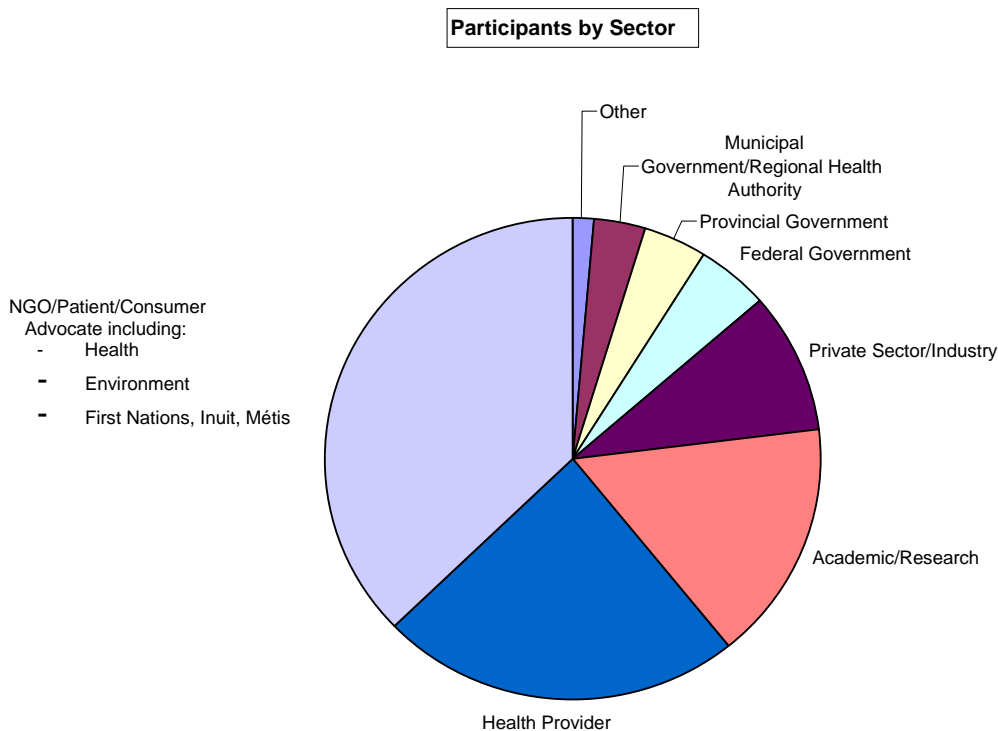
It was clear from evaluations, feedback forms and individual comments that in general stakeholders are enthusiastic about the framework, about being part of a cross-sector process and want to continue to be involved and to participate. Many specific comments and ideas will be contained in the full report, but provided here are a few highlights.

## Participant Expectations

Participants listed some of their key expectations about the meeting and the framework in general. Among those most frequently named were the following:

### *Have a unified, multidisciplinary voice with common goals / Develop clear priorities and actions*

Over 170 participants came together from across a diverse group of stakeholders (see pie chart for a break down of who attended) and worked collaboratively for 2 days on a set of outcomes, objectives, strategies and actions, which will be reflected in the final report. As mentioned at the outset, not everyone that needed to participate or be part of the process could attend the two-day meeting – in response, a series of provincial/territorial and other stakeholder meetings will take place in the coming months to ensure the broadest range possible of participation.



### *Improve public and political awareness of respiratory health issues*

Two Ministers (Minister of Health Tony Clement, and Minister John Baird, Environment), an opposition health critic and some key politicians attended the session and were provided with key information on the urgent need for improved lung health. Both Ministers announced strong support for the Framework and the Minister of Health pledged financial support. The majority of this funding will continue to be delivered directly through the Public Health Agency of Canada (PHAC), rather than as grants or contributions to any particular group.

As for provincial/territorial awareness, while the numbers at the meeting were small, to supplement planned meetings in communities across the country, we have been invited and have been speaking to special federal, provincial and territorial groups dealing with health and environment.

The meeting generated much interest from both national and local news media, with print coverage in five provinces and seven urban centres. There is a growing interest in the Framework, and we will continue building strong relationships with the news media in anticipation of the Framework's launch when completed, in winter 2008.

***Ensure that First Nations, Inuit and Métis issues are addressed***

Key messages in the working group presentations, research reports and discussions articulated the particular need to address the disproportionate burden of lung disease in these people and communities and Inuit, First Nations and Métis people form a significant presence on the Interim steering committee.

A range of other expectations will also be reflected in the forthcoming report.

**Meeting Evaluation**

Over 96 Evaluation Forms were completed and submitted. Participants were asked to respond to questions, providing a score of 1-5 (5 being the highest rating, 1 being the lowest). Two significant questions received the highest overall ratings:

I got the opportunity to express my views	4.3
Overall impression of the session	4.0

Participants were also asked to respond to the following questions. The following comments were mentioned more than once:

<b>What key messages will you take back with you?</b>
<ul style="list-style-type: none"> <li>• The importance of having a National Lung Health Framework</li> <li>• Multi-sector collaboration/partnerships are a crucial component to the Framework's success</li> <li>• There is collective movement and action, good work to date</li> <li>• There is momentum and the will to proceed among stakeholders</li> <li>• The environment and lung health are linked</li> <li>• There is a need to advocate/raise profile of respiratory health, but it can be done</li> <li>• There is a need to address vulnerability/disparities in Canadian populations</li> </ul>
<b>The two things that were of greatest value to me:</b>
<ul style="list-style-type: none"> <li>• Hearing ideas &amp; opinions of others</li> <li>• Expressing my view-point/voice</li> <li>• Networking (i.e. potential new partners)</li> <li>• Opportunities for discussion of issues with others</li> <li>• Seeing that the challenges my org/sector are being experienced by other orgs/sectors</li> </ul>

## **Next Steps**

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### **What will be done with participant feedback?**

A meeting report, containing a summary of all guest speakers, presentations and group discussions will be made available in mid-June. This report will capture the key issues, concerns, suggestions and priorities of participants, and will be used to inform the next phase of the Framework.

### **What is being done to expand the Interim Steering Committee?**

After a review of the feedback sheets from the meeting, a number of organizations are being invited to submit names for membership on the Interim Steering Committee. As discussed at the meeting, attention will be paid to ensuring the broadest range of participation from across sectors and across the country. A full list of those participating will be provided in a forthcoming update. All organizations, agencies and individuals that were submitted will be invited to participate in future stakeholder engagement opportunities.

### **What is being done with the Asset Map?**

The preliminary/summary report will also be available in late June. Together with PHAC, the Interim Steering Committee is exploring possible “homes” for the Asset Map Database that was demonstrated at the meeting. As per the feedback received at the meeting, we are looking for a home that would offer the following:

- the ability to set inclusion criteria for assets and a small panel of reviewers from across sectors to ensure the material is of good quality, and relevant to the framework and its stakeholders;
- it will be accessible to all stakeholders (including community-based care providers);
- it can be continuously updated to reflect new knowledge and best practices as they emerge; and
- it will be interactive and enable stakeholders to contribute resources as they are made available.

### **What other research will be taking place to inform the Framework?**

The summer months will be busy, as the Interim Steering Committee will be working with a stakeholder-based Advisory Committee to guide research for a cost-risk analysis. The goal is to use this data in conjunction with the priorities and action items discussed at the meeting to determine which action areas will have the greatest impact on respiratory health, and at what cost. Many of you have volunteered to participate in this and other processes. Some of these volunteers have already been tapped for this process and we will be in touch with you over the summer as these projects progress.

### **What communication can stakeholders expect?**

Ongoing communication with stakeholders is extremely important. By late-June, all stakeholders will be able to access the reports that were discussed and distributed at the *Plan for Action* meeting, online at [www.Lung.ca/Framework](http://www.Lung.ca/Framework). Regular Communiqués will be also be distributed, and will contain updates and notices of opportunities for stakeholder participation.

## **For more information on the National Lung Health Framework**

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